

## DMV Lane Technician Observation Report

DMV Technician: <u>La Roche</u>		Position: <u>1 or 2</u>	
Station: <u>Wilmington</u>		Date: <u>2-24-12</u>	
Time: <u>10:40</u>			
Vehicle Make: <u>GMC</u>		Model: <u></u>	
Year: <u>2005</u>			
GVWR: <u>6200</u>		Fuel Type: <u>GAS</u>	
Registration Number: <u>PC 144678</u>			
Auditor: <u>Coverdale</u>		Covert/ <u>Overt</u> (Circle One)	

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<u>✓</u>		
2. Was <b>Emissions</b> testing required?	<u>✓</u>		
a) Was Emissions testing performed using OBD?	<u>✓</u>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<u>✓</u>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<u>✓</u>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<u>✓</u>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?		<u>✓</u>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			

Original 08/06/2009/TMP

## DMV Lane Technician Observation Report

DMV Technician: <u>STinson Ray</u>		Position: <u>1</u> of 2	
Station: <u>W/n</u>	Date: <u>2-24-14</u>	Time: <u>10:00</u>	
Vehicle Make: <u>Ford</u>	Model: <u>F150</u>	Year: <u>1991</u>	
GVWR: <u>5450</u>	Fuel Type: <u>GAS</u>	Registration Number: <u>93468</u>	
Auditor: <u>Quinn</u>		Covert/ <u>Overt</u> (Circle One)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?			
b) Was Emissions testing performed using Analyzer Probe?	<input checked="" type="checkbox"/>		
c) Was Emissions testing performed using Paddle(s)?	<input checked="" type="checkbox"/>		
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?	<input checked="" type="checkbox"/>		
a) Was Catalytic Converter inspection performed?	<input checked="" type="checkbox"/>		
4. Was <b>Fuel Tank</b> pressure testing required?		<input checked="" type="checkbox"/>	
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?	<input checked="" type="checkbox"/>		
a) Was Fuel Cap pressure testing performed?	<input checked="" type="checkbox"/>		
6. Is this test a <b>Re-check</b> from a prior failure?			
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
Comment: <u>Fuel Tank Cap only -</u>			

Original 08/06/2009/TMP

## DMV Lane Technician Observation Report

DMV Technician: <u>Quish</u> <u>MAK</u>		Position: <u>1</u> or 2	
Station: <u>Wilmington</u>		Date: <u>2-24-14</u>	Time: <u>10:05</u>
Vehicle Make: <u>Yugo</u>		Model	Year <u>2001</u>
GVWR:	Fuel Type: <u>GAS</u>	Registration Number: <u>PC 7186</u>	
Auditor: <u>Comdrker</u>		<b>Covert/Overt</b> (Circle One)	
		<b>YES</b>	<b>NO</b>
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			

Original 08/06/2009/TMP



## DMV Lane Technician Observation Report

DMV Technician: <u>MATTHEWS Tim</u>		Position: <u>1</u> or 2	
Station: <u>Wilm</u>		Date: <u>2-24-1K</u>	Time: <u>10:15</u>
Vehicle Make: <u>Ford</u>		Model: <u>Taurus</u>	Year: <u>1990</u>
GVWR:	Fuel Type: <u>GAS</u>	Registration Number: <u>909 235</u>	
Auditor: <u>Overdale</u>		Covert/ <u>Overt</u> (Circle One)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<u>✓</u>	
2. Was <b>Emissions</b> testing required?		<u>✓</u>	
a) Was Emissions testing performed using OBD?			
b) Was Emissions testing performed using Analyzer Probe?		<u>✓</u>	
c) Was Emissions testing performed using Paddle(s)?		<u>✓</u>	
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<u>✓</u>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<u>✓</u>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<u>✓</u>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			<u>✓</u>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			
<u>Hard time with Canada in Rear</u>			

Original 08/06/2009/TMP

## DMV Lane Technician Observation Report

DMV Technician: <u>Fitzharris</u> <u>Deanis</u>		Position: <u>1</u> of 2	
Station: <u>Wilm.</u>	Date: <u>2-24-11</u>	Time: <u>10:55</u>	
Vehicle Make: <u>Nissan</u>	Model: <u>ALT</u>	Year: <u>2003</u>	
GVWR:	Fuel Type: <u>GAS</u>	Registration Number: <u>731178</u>	
Auditor: <u>Condrick</u>		Covert/Overt (Circle One)	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<u>✓</u>		
2. Was <b>Emissions</b> testing required?	<u>✓</u>		
a) Was Emissions testing performed using OBD?	<u>✓</u>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<u>✓</u>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<u>✓</u>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<u>✓</u>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?		<u>✓</u>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			

Original 08/06/2009/TMP

## DMV Lane Technician Observation Report

DMV Technician: <u>Bonnefield Bob</u>		Position: <u>1 or 2</u>	
Station: <u>W1/M</u>		Date: <u>2-24-14</u>	Time: <u>11:00</u>
Vehicle Make: <u>MAZDA</u>		Model: <u>MZ3</u>	Year: <u>2005</u>
GVWR:	Fuel Type: <u>GAS</u>	Registration Number: <u>78837</u>	
Auditor: <u>Powdake</u>		Covert/ <u>Overt</u> (Circle One)	

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?	<input checked="" type="checkbox"/>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			

**Original 08/06/2009/TMP**



## DMV Lane Technician Observation Report

DMV Technician: <u>Rodriguez Steve</u>		Position: <u>1 or 2</u>	
Station: <u>N/M</u>	Date: <u>2-24-14</u>	Time: <u>10:50</u>	
Vehicle Make: <u>SATURN</u>	Model: <u>SL</u>	Year: <u>1996-</u>	
GVWR:	Fuel Type: <u>GAS</u>	Registration Number: <u>649000</u>	
Auditor: <u>Quaidale</u>		Covert/ <u>Overt</u> (Circle One)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			

Original 08/06/2009/TMP

## DMV Lane Technician Observation Report

DMV Technician: <u>Gland Bob</u>		Position: <u>1 or 2</u>	
Station: <u>Wilm</u>		Date: <u>1-24-14</u> Time: <u>11:10</u>	
Vehicle Make: <u>LINCOLN</u>		Model: <u>LS</u> Year: <u>2001</u>	
GVWR:		Fuel Type: <u>GAS</u> Registration Number: <u>549457</u>	
Auditor: <u>Corradely</u>		<b>Covert/Overt</b> (Circle One)	
		<b>YES</b>	<b>NO</b>
1. Did technician check vehicle paper work and verify VIN number?		<u>✓</u>	
2. Was <b>Emissions</b> testing required?		<u>✓</u>	
a) Was Emissions testing performed using OBD?		<u>✓</u>	
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<u>✓</u>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<u>✓</u>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<u>✓</u>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			<u>✓</u>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			

**Original 08/06/2009/TMP**



## DMV Lane Technician Observation Report

DMV Technician: <u>Ricardo Joe</u>		Position: <u>1</u> or 2	
Station: <u>Wilmington</u>	Date: <u>4-23-14</u>	Time: <u>10:30</u>	
Vehicle Make: <u>Ford</u>	Model: <u>PK</u>	Year: <u>2005</u>	
GVWR:	Fuel Type: <u>Gas</u>	Registration Number: <u>PC146283</u>	
Auditor: <u>Comdale</u>		Covert/ <u>Overt</u> (Circle One)	
		YES	NO
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			

Original 08/06/2009/TMP

## DMV Lane Technician Observation Report

DMV Technician: <u>Barnes, David</u>		Position: <u>1</u> of 2	
Station: <u>Wilmington</u>		Date: <u>2-24-14</u>	Time: <u>11:18</u>
Vehicle Make: <u>SAP</u>		Model: <u>95</u>	Year: <u>21999</u>
GVWR:	Fuel Type: <u>GAS</u>	Registration Number: <u>47445</u>	
Auditor: <u>Cornelia</u>		Covert/ <u>Overt</u> (Circle One)	

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<u>✓</u>		
2. Was <b>Emissions</b> testing required?	<u>✓</u>		
a) Was Emissions testing performed using OBD?	<u>✓</u>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<u>✓</u>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<u>✓</u>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<u>✓</u>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?		<u>✓</u>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			

**Original 08/06/2009/TMP**

## DMV Lane Technician Observation Report

DMV Technician: <u>Dave Alexander</u>		Position: <u>Cor 2</u>	
Station: <u>Wilm</u>	Date: <u>2-24-14</u>	Time: <u>9:55</u>	
Vehicle Make: <u>Nissan</u>	Model: <u>Altima</u>	Year: <u>2006</u>	
GVWR: <u>4077</u>	Fuel Type: <u>GAS</u>	Registration Number: <u>729002</u>	
Auditor:		<b>Covert/Overt</b> (Circle One)	
		<b>YES</b>	<b>NO</b>
		<b>N/A</b>	
1. Did technician check vehicle paper work and verify VIN number?		<input checked="" type="checkbox"/>	
2. Was <b>Emissions</b> testing required?		<input checked="" type="checkbox"/>	
a) Was Emissions testing performed using OBD?		<input checked="" type="checkbox"/>	
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			<input checked="" type="checkbox"/>
a) Which re-check test is being performed? 1 2 3 (circle one)			<input checked="" type="checkbox"/>
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			

**Original 08/06/2009/TMP**



## DMV Lane Technician Observation Report

DMV Technician: <u>Krueh Nak</u>		Position: <u>1</u> or 2	
Station: <u>W7A</u>		Date: <u>2-26-14</u>	Time: <u>12:20</u>
Vehicle Make: <u>Ford</u>		Model: <u>F150</u>	Year: <u>2004</u>
GVWR: <u>5000</u>	Fuel Type: <u>GAS</u>	Registration Number:	
Auditor: <u>5220 Coverdale</u>		Covert/Overt (Circle One)	
		<u>Covert</u>	
	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<u>✓</u>		
2. Was <b>Emissions</b> testing required?	<u>✓</u>		
a) Was Emissions testing performed using OBD?	<u>✓</u>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<u>✓</u>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<u>✓</u>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<u>✓</u>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?			
a) Which re-check test is being performed? 1 2 <u>3</u> (circle one)	<u>✓</u>		
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b> <u>Recheck for OBD Readiness</u>			

Original 08/06/2009/TMP

## DMV Lane Technician Observation Report

DMV Technician: <i>Weigel M. Chisn</i>		Position: <u>1 or 2</u>	
Station: <i>Wilm</i>	Date: <i>2-25-14</i>	Time: <i>10:10</i>	
Vehicle Make: <i>Dodge</i>	Model: <i>DAKOTA</i>	Year: <i>2003</i>	
GVWR:	Fuel Type: <i>Gas</i>	Registration Number: <i>C62004</i>	
Auditor: <i>Carsdale</i>		<b>Covert/Overt</b> (Circle One)	

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<i>✓</i>		
2. Was <b>Emissions</b> testing required?	<i>✓</i>		
a) Was Emissions testing performed using OBD?	<i>✓</i>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<i>✓</i>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<i>✓</i>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<i>✓</i>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?		<i>✓</i>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			

**Original 08/06/2009/TMP**

## DMV Lane Technician Observation Report

DMV Technician: <u>Ikehoe Andrew</u>		Position: <u>1</u> or 2	
Station: <u>Wilmington</u>	Date: <u>2-26-11</u>	Time: <u>1:00</u>	
Vehicle Make:	Model: <u>F150</u>	Year: <u>2007</u>	
GVWR: <u>5000</u>	Fuel Type: <u>Gas</u>	Registration Number: <u>CL74322</u>	
Auditor: <u>Coverdale</u>		Cover <input checked="" type="radio"/> / Overt <input type="radio"/> (Circle One)	

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?	<input checked="" type="checkbox"/>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>Sussex County Only</b>			
7. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			

Original 08/06/2009/TMP



## DMV Lane Technician Observation Report

[illegible]

**Original 08/06/2009/TMP**

## DMV Lane Technician Observation Report

[illegible]

**Original 08/06/2009/TMP**